

2021 Northern Utah Interagency Incident Organizer



Prior to responding to an incident obtain the following information:

WildCAD Number	
Descriptive Location	
Command Freq.	
Tactical Freq.	
Air to Ground Freq.	
Air to Air Freq. (as needed)	

Relay the following information to dispatch upon first visual contact:

Descriptive Location or Legal				
Incident Name				
Size (in acres)				
Spread Potential	Low	Moderate	High	
Values Threatened	None	Structures	Others	Life
Additional Resources				

Complete the following table before submitting:

Incident Name	
Fire Code(s)	
Final Incident Commander	
Fire Report Completion Date	

The final IC will submit the Incident Organizer along with all other associated documentation to the Zone FOS/FMO/AFMO responsible for the incident.

All GPS coordinates are WGS84 Datum, Degrees Decimal Minutes

To: Type 3, 4 and 5 Incident Commanders
From: Northern Utah Interagency Agency Administrators
Subject: 2021 Delegation of Authority for Type 3, 4 and 5 Incident Commanders

As a Type 3, 4, or 5 Incident Commander in the Northern Utah Dispatch Area, you are delegated the authority to manage wildfires according to the framework of laws, agency policy, and agency administrator direction. This delegation includes the authority to obligate funds as necessary to manage these wildfires in a cost-effective manner.

During this incident, you are expected to coordinate incident activities with the appropriate Agency Administrator(s) and/or Operational Duty Officer(s) for the affected areas.

As an IC, you must keep firefighter and public safety your highest priority on every fire. Ensure that you are implementing key recommendations and best practices as identified by the various agency specific and interagency COVID-19 response protocols. Recognize that this is not a year like any other and that continual innovation and adaptation to the unique situation we are in are necessary to ensure our success.

Your management objectives should provide for the following considerations:

- Firefighter and public safety as the highest priority
- Specific resource and/or functional concerns as identified by the host Agency Administrator(s) and/or Operational Duty Officer(s)
- BLM AA needs to approve all Heavy Equipment use on fires on or threatening BLM lands
- A course of action which will have the greatest probability of success with lowest amount of exposure

It is expected that you utilize the Northern Utah Interagency Fire Center (NUIFC) Incident Organizer to coordinate and document activities on the incident. Some key considerations include:

- Complete and provide an initial size-up and field fire report in a timely manner
- Develop, implement, and monitor safe and effective operational objectives which reflect local fire and resource management goals
- Maintain accountability for all assigned resources including managing fatigue
- Implement the Risk Management Process, as outlined in the *Incident Response Pocket Guide*.

While Type 3 incidents may initially operate under this delegation, it is recommended that Type 3 Incident Commanders (ICT3) obtain a signed, incident specific Delegation of Authority and Letter of Intent from the Agency Administrator as soon as is practical. ICT3 should not assume collateral duties.

We have the utmost respect for your knowledge and professionalism. You serve in an extremely important leadership role with critical responsibilities. Please understand that your actions will be supported in situations where you take appropriate precautions to safeguard firefighters and the public.

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**This is located in the 2021 NUIFC OP as Appendix F which is authorized annually.*

FIELD FIRE REPORT

FIRE NAME: _____ **FIRE NUMBER:** _____

DATE: _____ **TIME:** _____

INCIDENT COMMANDER: _____

DESCRIPTIVE LOCATION: _____

LEGAL: Township _____ Range _____ Section (s) _____

COORD (At PoO): LAT: Deg _____ Dec.Min. _____ LONG: Deg _____ Dec.Min. _____

OWNERSHIP(s): _____ **ESTIMATED SIZE:** _____ acres

CAUSE: Natural ___ Human ___ PoO Protected: Yes ___ No ___ → Fire Investigator (name): _____

ESTIMATED CONTAINMENT: DATE: _____ TIME: _____

ESTIMATED CONTROL: DATE: _____ TIME: _____

VALUES THREATENED: ☐ N NO ☐ Y YES (specify: _____)

CONTROL PROBLEMS: ☐ N NO ☐ Y YES (specify: _____)

ADDITIONAL RESOURCES NEEDED: ☐ N NO ☐ Y YES (specify: _____)

SPREAD POTENTIAL:

☐ 1 Low ☐ 2 Moderate ☐ 3 High ☐ 4 Extreme

FIRE BEHAVIOR:

☐ 1 Smoldering ☐ 3 Running ☐ 5 Torching ☐ 7 Crowning/Spotting

☐ 2 Creeping ☐ 4 Spotting ☐ 6 Crowning ☐ 8 Erratic

FLAME LENGTH (Average flame length at head of fire): _____ feet

WIND SPEED _____ **MPH** **WIND DIRECTION** N S E W NW NE SW SE

TOPOGRAPHY (Topography in vicinity of fire origin):

☐ 1 Ridgetop ☐ 4 Middle 1/3 of slope ☐ 7 Valley Bottom
☐ 2 Saddle ☐ 5 Lower 1/3 of slope ☐ 8 Mesa or plateau
☐ 3 Upper 1/3 of slope ☐ 6 Canyon Bottom ☐ 9 Flat or rolling

SLOPE (Percent slope in vicinity of fire origin):

☐ 1 0-25% ☐ 2 26-40% ☐ 3 41-55% ☐ 4 56-75% ☐ 5 76+%

FBPS FUEL MODEL:

☐ 1 Short Grass (1 ft) ☐ 5 Brush (2 ft) ☐ 9 Hardwood Litter
☐ 2 Timber w/ Grass Understory ☐ 6 Dormant Brush ☐ 10 Timber (Litter & Understory)
☐ 3 Tall Grass (3 ft) ☐ 7 Southern Rough ☐ 11 Light Logging Slash
☐ 4 Chaparral/Brush (6 ft) ☐ 8 Closed Timber Litter ☐ 12 Medium Logging Slash

ASPECT: (Circle) N S E W NW NE SW SE

ELEVATION: Top _____ feet. Bottom _____ feet.

STAGING AREA LOCATION: _____

LCES SAFETY CHECKLIST

Safety Concerns: ☐ NO ☐ YES (Specify _____)

Ensure all GPS coordinates are WGS84 Datum, Degrees Decimal Minutes

FINAL FIRE REPORT DATA

The information from this sheet will be used to complete agency specific Fire Reports

Discovery Date & Time:	M		D		Y		TIME	
Initial Attack Date & Time:	M		D		Y		TIME	
Containment Date & Time:	M		D		Y		TIME	
Control Date & Time:	M		D		Y		TIME	
Out Date & Time:	M		D		Y		TIME	
Total Acres:								
BLM Acres:								
USFS Acres:								
State Acres:								
County and Private Acres:								
Other Acres (specify):								
NFDRS outputs on start date:	BI					ERC		
Acres at time of Discovery:								
Acres at time of IA:								
Lat & Long at Origin:	LAT					LONG		
Fire Cause:								
Topography:								
Aspect at Origin (circle):	NW	N	NE	E	SE	S	SW	W
Slope at Origin:								
High elevation:								
Low elevation:								
Name of Closest RAWS:								
Fuel Description:								

Remarks:

RESOURCE SUMMARY LOG

Resource ID	Resource Type	ETA	Arrived/ Time	# of People	*Briefed (IRPG) √	Assignment	Released/ Time	E-Number
			□/()		□		□/()	
			□/()		□		□/()	
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Wildland Fire Risk and Complexity Assessment

The Wildland Fire Risk and Complexity Assessment should be used to evaluate firefighter safety issues, assess risk, and identify the appropriate incident management organization. Determining incident complexity is a subjective process based on examining a combination of indicators or factors. An incident's complexity can change over time; incident managers should periodically re-evaluate incident complexity to ensure that the incident is managed properly with the right resources.

Instructions:

Incident Commanders should complete Part A and Part B and relay this information to the Agency Administrator. If the fire exceeds initial attack or will be managed to accomplish resource management objectives, Incident Commanders should also complete Part C and provide the information to the Agency Administrator.

Part A: Firefighter Safety Assessment

Evaluate the following items, mitigate as necessary, and note any concerns, mitigations, or other information.

Evaluate these items	Concerns, mitigations, notes
LCES	
Fire Orders and Watch Out Situations	
Multiple operational periods have occurred without achieving initial objectives	
Incident personnel are overextended mentally and/or physically and are affected by cumulative fatigue.	
Communication is ineffective with tactical resources and/or dispatch.	
Operations are at the limit of span of control.	
Aviation operations are complex and/or aviation oversight is lacking.	
Logistical support for the incident is inadequate or difficult.	

Part B: Relative Risk Assessment

Values				Notes/Mitigation
<u>B1. Infrastructure/Natural/Cultural Concerns</u> Based on the number and kinds of values to be protected, and the difficulty to protect them, rank this element low, moderate, or high. Considerations: key resources potentially affected by the fire such as urban interface, structures, critical municipal watershed, commercial timber, developments, recreational facilities, power/pipelines, communication sites, highways, potential for evacuation, unique natural resources, designated areas (i.e. wilderness), T&E species habitat, and cultural sites.	L	M	H	
<u>B2. Proximity and Threat of Fire to Values</u> Evaluate the potential threat to values based on their proximity to the fire, and rank this element low, moderate, or high.	L Far	M	H Near	
<u>B3. Social/Economic Concerns</u> Evaluate the potential impacts of the fire to social and/or economic concerns, and rank this element low, moderate, or high. Considerations: impacts to social or economic concerns of an individual, business, community or other stakeholder; degree of support for the wildland fire program and resulting fire effects; other fire management jurisdictions; tribal subsistence or gathering of natural resources; air quality regulatory requirements; public tolerance of smoke, including health impacts; potential for evacuation and ingress/egress routes; and restrictions and/or closures in effect or being considered.	L	M	H	
Hazards				Notes/Mitigation
<u>B4. Fuel Conditions</u> Consider fuel conditions ahead of the fire and rank this element low, moderate, or high. Evaluate fuel conditions that exhibit high ROS and intensity for your area, such as those caused by invasive species or insect/disease outbreaks; and/or continuity of fuels.	L	M	H	
<u>B5. Fire Behavior</u> Evaluate the current and expected fire behavior and rank this element low, moderate, or high. Considerations: intensity; rates of spread; crowning; profuse or long-range spotting.	L	M	H	
<u>B6. Potential Fire Growth</u> Evaluate the potential fire growth, and rank this element low, moderate, or high. Considerations: Considerations would include current and expected fire growth based on fire behavior analysis and the weather forecast and/or the ability to control the fire.	L	M	H	
Probability				Notes/Mitigation
<u>B7. Time of Season</u> Evaluate the potential for a long-duration fire and rank this element low, moderate, or high. Considerations: time remaining until a season ending event.	L Late	M Mid	H Early	
<u>B8. Barriers to Fire Spread</u> Evaluate the barriers to fire spread and their potential to limit fire growth, and rank this element low, moderate, or high. Considerations: If many natural and/or human-made barriers are present, rank this element low. If some barriers are present, rank this element moderate. If no barriers are present, rank this element high.	L Many	M	H Few	
<u>B9. Seasonal Severity</u> Evaluate fire danger indices and rank this element low/moderate, high, or very high/extreme. Considerations: Fire danger indices such as energy release component (ERC); drought status; live and dead fuel moistures; fire danger indices; adjective fire danger rating; geographic area preparedness level.	L/M	H	VH/E	
Enter the number of items circled for each column.				

Relative Risk Rating (circle one):

Low	Majority of items are "Low", with a few items rated as "Moderate" and/or "High".
Moderate	Majority of items are "Moderate", with a few items rated as "Low" and/or "High".
High	Majority of items are "High"; A few items may be rated as "Low" or "Moderate".

Part C: Organization

Relative Risk Rating (From Part B)					
Circle the Relative Risk Rating (from Part B).		L	M	H	
Implementation Difficulty					Notes/Mitigation
<u>C1. Potential Fire Duration</u> Evaluate the estimated length of time that the fire may continue to burn if no action is taken and amount of season remaining. Rank this element low, moderate, or high. Note: This will vary by geographic area.	N/A Very Short	L Short	M	H Long	
<u>C2. Incident Strategies (Course of Action)</u> Evaluate the level of firefighter and aviation exposure required to successfully meet the current strategy and implement the course of action. Rank this element as very low, low, moderate, or high. Consider the likelihood that those resources will be effective; exposure of firefighters; reliance on aircraft to accomplish objectives; and whether there are clearly defined trigger points.	Very Low	L	M	H	
<u>C3. Functional Concerns</u> Evaluate the need to increase organizational structure to adequately and safely manage the incident, and rank this element very low (minimal resources committed), low (adequate), moderate (some additional support needed), or high (current capability inadequate). Considerations: Incident management functions (logistics, finance, operations, information, planning, safety, and/or specialized personnel/equipment) are inadequate and needed; availability of resources; access to EMS support; heavy commitment of local resources to logistical support; ability of local businesses to sustain logistical support; substantial air operation which is not properly staffed; worked multiple operational periods without achieving initial objectives; incident personnel overextended mentally and/or physically; Incident Action Plans, briefings, etc. missing or incomplete; performance of firefighting resources affected by cumulative fatigue; and ineffective communications.	Very Low	L	M	H	
Socio/Political Concerns					Notes/Mitigation
<u>C4. Objective Concerns</u> Evaluate the complexity of the incident objectives and rank this element very low, low, moderate, or high. Considerations: clarity; ability of current organization to accomplish; disagreement among cooperators; tactical/operational restrictions; complex objectives involving multiple focuses; objectives influenced by serious accidents or fatalities.	Very Low	L	M	H	
<u>C5. External Influences</u> Evaluate the effect external influences will have on how the fire is managed and rank this element very low, low, moderate, or high. Considerations: limited local resources available for initial attack; increasing media involvement, social/print/television media interest; controversial fire policy; threat to safety of visitors from fire and related operations; restrictions and/or closures in effect or being considered; pre-existing controversies/ relationships; smoke management problems; sensitive political concerns/interests.	Very Low	L	M	H	
<u>C6. Ownership Concerns</u> Evaluate the effect ownership/jurisdiction will have on how the fire is managed and rank this element very low, low, moderate, or high. Considerations: disagreements over policy, responsibility, and/or management response; fire burning or threatening more than one jurisdiction; potential for unified command; different or conflicting management objectives; potential for claims (damages); disputes over suppression responsibility.	Very Low	L	M	H	
Enter the number of items circled for each column.					

Part C: Organization (continued)

Recommended Organization (circle one):

Type 5	Majority of items rated as “Very Low”; a few items may be rated in other categories.
Type 4	Majority of items rated as “Low”, with some items rated as “Very Low”, and a few items rated as “Moderate” or “High”.
Type 3	Majority of items rated as “Moderate”, with a few items rated in other categories.
Type 2	Majority of items rated as “Moderate”, with a few items rated as “High”.
Type 1	Majority of items rated as “High”; a few items may be rated in other categories.

Rationale:

Use this section to document the incident management organization for the fire. If the incident management organization is different than the Wildland Fire Risk and Complexity Assessment recommends, document why an alternative organization was selected. Use the “Notes/Mitigation” column to address mitigation actions for a specific element, and include these mitigations in the rationale.

Name of Incident: _____ Unit(s): _____

Date/Time: _____ Signature of Preparer: _____

Go No Go Checklist

For

Engaging Wildfires within the five mile radius the US Magnesium Smokestack

Incident Commander :								
	On scene		Re-evaluation		Re-evaluation		Re-evaluation	
Time :								
	Y	N	Y	N	Y	N	Y	N
US Magnesium Plant Operations								
Are you in contact with the US Magnesium Liaison?								
Has the Liaison provided you with the current operating status at the plant?								
Has the US Magnesium Liaison indicated the area is safe to work in?								
Status of Fire								
Can the fire be contained in four hours or less?								
Can fire be managed with current resources?								
Do you expect little to no perimeter growth?								
Can the fire be accessed reasonably?								
Weather								
Have you obtained a spot weather forecast?								
Do the current weather conditions allow for engagement of the fire?								
Is the wind directing the US Mag smoke plume away from the fire?								
Are weather conditions predicted to remain favorable for the selected suppression strategy?								
Human Factors								
Do you feel comfortable with the selected strategy and tactics?								
Are all responders familiar with and had the opportunity to review the Refusal of Risk protocol as it applies to this assignment?								

An answer of 'NO' to any of the above questions indicate the use of an indirect suppression strategy to contain the fire using roads and natural barriers outside the five mile radius surrounding the US Magnesium smokestack.

Fire Cause Determination Report

FIRE NAME: _____ **DATE :** _____ **FIRE #:** _____

REPORT COMPLETED BY: _____

LAND STATUS AT ORIGIN: FEDERAL (LIST) ☐ _____ STATE ☐ PRIVATE ☐
Burn Permit Issued: Yes ☐ No ☐ Permittee Name: _____

LOCATION OF ORIGIN: LAT: Deg _____ Dec.Min. _____ LONG: Deg _____ Dec.Min. _____

SEQUENCE OF EVENTS	DATE & TIME	(name & agency)
HOW REPORTED: _____	BY _____	TO _____
FIRST RESOURCE ON SCENE: _____	NAMES OF PERSONNEL ON RESOURCE: _____	

ORIGIN DETERMINATION

SIZE OF AREA SEARCHED: _____ **PERIMETER SEARCH DONE?** ☐ YES ☐ NO

ORIGIN DETERMINED BY: ☐ Burn Pattern ☐ Witness ☐ Other _____ ☐ Not Found

CAUSE CATEGORIES (List specific cause, if known)		
<input type="checkbox"/> Lightning	<input type="checkbox"/> Debris Burning/Land Clearing	<input type="checkbox"/> Railroad
<input type="checkbox"/> Campfire	<input type="checkbox"/> Arson	<input type="checkbox"/> Juveniles
<input type="checkbox"/> Smoking	<input type="checkbox"/> Equipment	<input type="checkbox"/> Miscellaneous (<i>explain</i>)

KEY INFORMATION and CRITERIA FOR LEO DISPATCH

1) WITNESSES? ☐ YES ☐ NO NAME OR DESCRIBE: _____
(*phone#/address/other*) _____

2) SUSPECTS? ☐ YES ☐ NO NAME OR DESCRIBE: _____
(*phone#/address/other*) _____

3) VEHICLES? ☐ YES ☐ NO DESCRIBE: _____
LICENSE # _____ STATE: _____ COLOR: _____ MAKE: _____
MODEL: _____

4) SUSPECT ARSON? ☐ YES ☐ NO DESCRIBE: _____

5) EVIDENCE? ☐ YES ☐ NO DESCRIBE: _____
Does evidence need to be collected? ☐ YES ☐ NO _____

WEATHER (<i>upon arrival</i>)					
TIME:	DRY BULB:	WET BULB:	RH:	WD:	WS:

DESCRIBE EVENTS, SCENE, & ANY OTHER INFORMATION (use another page if necessary):

SKETCH OF AREA OF ORIGIN (bird's-eye view)

NOT TO SCALE

NORTH

LEGEND

PHOTOGRAPH LOG

PHOTO#	DESCRIPTION (<i>Indicate direction</i>)
1.	
2.	
3.	
4.	
5.	
6.	
7.	

INCIDENT ACTION PLAN				Incident Name	Number	Date Prepared	Time Prepared				
				Operational Period:		Date: Shift:	<input type="checkbox"/> Day	<input type="checkbox"/> Night			
Incident Objectives											
1	SAFETY to firefighters and general public for the duration of the incident.										
2											
3											
4											
Weather Forecast for Operational Period											
BURN PERIOD	SKY COVER	TEMPERATURE	HUMIDITY	WIND		<input type="checkbox"/> EYE-LEVEL <input type="checkbox"/> 20-FOOT		HAINES INDEX			
				DIRECTION	VELOCITY						
Medical Plan (ICS 206 WF)											
Incident/Project Name				Operational Period							
				Date/Time							
Ambulance Services											
Name		Complete Address		Phone & EMS Frequency		Advanced Life Support (ALS) Yes No					
Air Ambulance Services											
Name		Phone		Type of Aircraft & Capability							
Hospitals											
Name Complete Address		GPS Datum – WGS 84 Coordinate Standard Degrees Decimal Minutes DD° MM.MMM' N - Lat DD° MM.MMM' W - Long		Travel Time Air Gnd		Phone		Helipad Yes No		Level of Care Facility	
		Lat:						<input type="checkbox"/> <input type="checkbox"/>			
		Long:									
		VHF:									
		Lat:						<input type="checkbox"/> <input type="checkbox"/>			
		Long:									
		VHF:									
		Lat:						<input type="checkbox"/> <input type="checkbox"/>			

	Long:								
	VHF:								
	Lat:					<input type="checkbox"/>	<input type="checkbox"/>		
	Long:								
	VHF:								
1. Division Branch Group			Area Location Capability						
Click here to enter text.			EMS Responders & Capability:						
			Equipment Available on Scene:						
			Medical Emergency Channel:						
			ETA for Ambulance to Scene:						
			Air:						
			Ground:						
			Approved Helispot:						
			Lat:						
			Long:						
			EMS Responders & Capability:						
			Equipment Available on Scene:						
			Medical Emergency Channel:						
			ETA for Ambulance to Scene:						
			Air:						
			Ground:						
			Approved Helispot:						
			Lat:						
			Long:						
2. Name & Location			Remote Camp Location(s)						
			Point of Contact:						
			EMS Responders & Capability:						
			Equipment Available on Scene:						
			Medical Emergency Channel:						
			ETA for Ambulance to Scene:						
			Air:						
			Ground:						
			Approved Helispot:						
			Lat:						
Long:									
			Point of Contact:						
			EMS Responders & Capability:						
			Equipment Available on Scene:						
			Medical Emergency Channel:						
			ETA for Ambulance to Scene:						
			Air:						
			Ground:						
			Approved Helispot:						
			Lat:						
Long:									
3. Prepared By (Medical Unit Leader)			4. Date/Time		5. Reviewed By (Safety Officer)			6. Date/Time	

INCIDENT STATUS SUMMARY (ICS 209 WF)

*1. Incident Name:			*2. Incident Number:										
*3. Report Version (check one box on left): <input type="radio"/> Initial Rpt # <input type="radio"/> Update (if used): <input type="radio"/> Final	*4. Incident Commander(s) & Agency or Organization: 	5. Incident Management Organization: 	*6. Incident Start Date/Time: Date: _____ Time: _____ Time Zone: _____										
7. Current Incident Size or Area Involved (use unit label – e.g., “Acres”, “Square Miles”): 	8a. Percent (%) Contained or Completed: _____ b. Total % of Perimeter that will be Contained or Completed: _____	*9. Incident Type: _____ *Cause: _____ *Strategy: _____ % <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 80%;">Monitor</td> <td style="width: 20%;"></td> </tr> <tr> <td style="border: 1px solid black;">Confine</td> <td></td> </tr> <tr> <td style="border: 1px solid black;">Point Zone Protection</td> <td></td> </tr> <tr> <td style="border: 1px solid black;">Full Suppression</td> <td></td> </tr> </table>	Monitor		Confine		Point Zone Protection		Full Suppression		10. Incident Complexity Level: 	*11. For Time Period: From Date/Time: _____ To Date/Time: _____	
Monitor													
Confine													
Point Zone Protection													
Full Suppression													

Approval & Routing Information

*12. Prepared By: Print Name: _____ ICS Position: _____ Date/Time Prepared: _____	*14. Date/Time Submitted: Time Zone: _____
*13. Approved By: Print Name: _____ ICS Position: _____ Signature: _____	*15. Primary Location, Organization, or Agency Sent To:

Incident Location Information

*16. State: 	*17. County/Parish/Borough: 	18. City:
19. Unit or Other: 	20. Incident Jurisdiction: 	*21. Incident Location Ownership (if different than jurisdiction):
*22. Latitude (indicate format): Longitude (indicate format):	23. US National Grid Reference: 	24. Legal Description (township, section, range):
*25. Short Location or Area Description (list all affected areas or a reference point): 		26. UTM Coordinates:
27. Note any geospatial data available (indicate data format, content, and collection time information and labels): 		

Incident Summary

*28. Observed Fire Behavior or Significant Events for the Time Period Reported (describe fire behavior using accepted terminology. For non-fire incidents, describe significant events related to the materials or other causal agents): 				
29. Primary Fuel Model, Materials, or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc): 				
30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.): 	A. Structural Summary 	B. # Threatened (up to 72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Multiple Residences			
	G. Mixed Commercial / Residential			
	H. Nonresidential Commercial Property			
	I. Other Minor Structures			
ICS 209, Page 1 of ____		* Required when applicable.		

Additional Incident Decision Support Information

31. Public Status Summary:		A. # This Reporting Period	B. Total # to Date	32. Responder Status Summary:		A. # This Reporting Period	B. Total # to Date
C. Indicate Number of Civilians (Public) Below:				C. Indicate Number of Responders Below:			
D. Fatalities				D. Fatalities			
E. With Injuries/Illness				E. With Injuries/Illness			
F. Trapped/In Need of Rescue				F. Trapped/In Need of Rescue			
G. Missing (note if estimated)				G. Missing			
H. Evacuated (note if estimated)				H. Evacuated			
I. Sheltering in Place (note if estimated)				I. Sheltering in Place			
J. In Temporary Shelters (note if est.)				J. In Temporary Shelters			
K. Have Received Mass Immunizations				K. Have Received Immunizations			
L. Require Immunizations (note if est.)				L. Require Immunizations			
M. In Quarantine				M. In Quarantine			
N. Total # Civilians (Public) Affected:				N. Total # Responders Affected:			
33. Life, Safety, and Health Status/Threat Remarks:				*34. Life, Safety, and Health Threat Management:		Check if Active	
				A. No Likely Threat		O	
				B. Potential Future Threat		O	
				C. Mass Notifications in Progress		O	
				D. Mass Notifications Completed		O	
				E. No Evacuation(s) Imminent		O	
				F. Planning for Evacuation		O	
				G. Planning for Shelter-in-Place		O	
				H. Evacuation(s) in Progress		O	
				I. Shelter-in-Place in Progress		O	
35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern):				J. Repopulation in Progress		O	
				K. Mass Immunization in Progress		O	
				L. Mass Immunization Complete		O	
				M. Quarantine in Progress		O	
				N. Area Restriction in Effect		O	
						O	
						O	
						O	
						O	
						O	
*36. Projected Incident Activity, Potential, Movement, Escalation, or Spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:							
12 hours:							
24 hours:							
48 hours:							
72 hours:							
Anticipated after 72 hours:							
37. Strategic Objectives (define planned end-state for incident):							
ICS 209, Page 2 of ____							
* Required when applicable.							

Additional Incident Decision Support Information (continued)

***38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond.** Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:

- 1) critical resource needs identified above,
- 2) the Incident Action Plan and management objectives and targets,
- 3) anticipated results.

Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.

41. Planned Actions for Next Operational Period:

42. Projected Final Incident Size/Area (use unit label – e.g., “Acres”, “Square Miles”):

43. Anticipated Incident Containment or Completion Date:

44. Projected Significant Resource Demobilization Start Date:

***45. Estimated Incident Costs to Date:**

46. Projected Final Incident Cost Estimate:

47. Remarks (or continuation of any blocks above – list block number in notation):

Incident Resource Commitment Summary

[illegible]

JUSTIFICATION FOR SHIFTS IN EXCESS OF 16 HOURS/2:1

The following criteria has been determined to justify working shifts exceeding 16 hours and/or consecutive days that do not meet the 2:1 work rest guidelines.

FIRE NAME _____ FIRE # _____

EMPLOYEES

NAME	NAME

_____ Shifts in excess of 16 hours/ exceeding 2:1 on _____ (Date) was due to establishing initial control of the fire.

_____ Shifts in excess of 16 hours/ exceeding 2:1 on _____ (Date) was due to dispatching manpower and resources during critical fire situation.

_____ Shifts in excess of 16 hours/ exceeding 2:1 on _____ (Date) was due to emergency rescue work.

_____ Arduous travel. Travel on overtime necessary because suitable subsistence and lodging not available to remain until following day. *(May be applicable when returning from fire.)*

_____ Travel time not administratively controllable. Required to return to home unit as quickly as possible and by most expedient method because of fire situation. *(May be applicable when returning from fire detail assignment.)*

_____ Other:

_____ Mitigation measures used to reduce fatigue (requirement):

 X
Incident Commander

Operational Duty Officer Approval:

Name:

Date:

Time:

Method of Contact:

☐ Phone

☐ In person

After Action Review

Date: _____ Conducted by: _____

What was planned?

What actually happened?

Why did it happen?

What can we do next time?

Is there a need to file a SAFENET or SAFECOM? No ☐ Yes ☐

Wildland Fire Accidents? No ☐ Yes ☐

If Yes, specify below:

- ☐ Entrapment
- ☐ Equipment Damage
- ☐ Near-miss
- ☐ Injury _____

Agency Reviewing Official

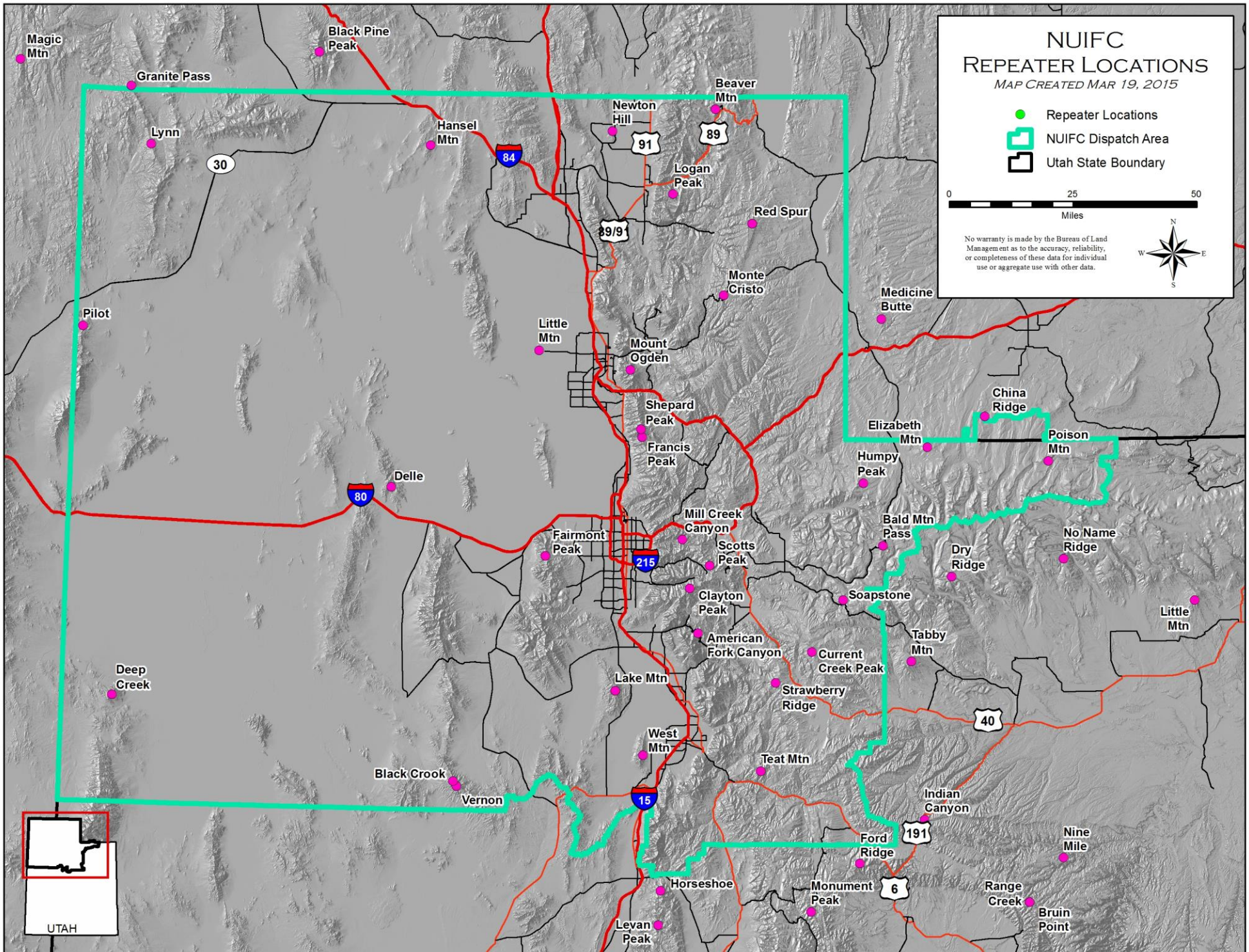
Title

Date

NUIFC FEDERAL AND STATE IA RESOURCES

WEST DESERT DISTRICT				
RESOURCE ID	RESOURCE TYPE	AGENCY	LOCATION	PRIMARY CONTACT
E-2431	Type 4 Engine	BLM	Muskrat Fire Station	Wierwille, Nate
E-2438	Type 4 Engine	BLM	Muskrat Fire Station	Doherty, Mike
E-2637	Type 6 Engine	BLM	Muskrat Fire Station	Newton, Bob
E-2632	Type 6 Engine	BLM	Vernon Fire Station	Luoma, Davin
E-2436	Type 4 Engine	BLM	Vernon Fire Station	Mortensen, Derek
E-2434	Type 4 Engine	BLM	Vernon Fire Station	Scroggin, Ryan
E-2635	Type 6 Engine	BLM	Vernon Fire Station	Vacant
E-2333	Type 3 Engine	BLM	Muskrat Fire Station	Brink, Tyler
D-2851	D7 IA Dozer	BLM	Vernon Fire Station	Hillman, Bruce
WT-2206	3500 gallon Tender	BLM	Vernon Fire Station	Chong, Jared
WT-2205	3500 gallon Tender	BLM	Muskrat Fire Station	Coffin, Sam
AA-163	Air Attack Platform	BLM	Atlantic Air	Pollock, Trevor
H-1BH	Type 3 Helicopter	BLM	Tooele Valley Airport	Wilson, Greg
UINTA-WASATCH-CACHE				
E-411	Type 4 Engine	USFS	Salt Lake R.D.	Watson, Mike
E-421	Type 4 Engine	USFS	Pleasant Grove R.D.	DeLange, Karl
E-381	Type 3 Engine	USFS	Spanish Fork R.D.	Danielson, Randy
Squad81	10 Person IA Module	USFS	Spanish Fork R.D.	Oatway, Davis
E-461	Type 4 Engine	USFS	Weber Basin Job Corp.	Lambert, Josh
E-371	Type 6 Engine	USFS	Logan R.D.	Taylor, Ryan
Weber Basin	T2IA Handcrew	USFS	Weber Basin Job Corp.	Inskeep, David
E-631	Type 6 Engine	USFS	Heber RD	Lopez, Uvaldo
E-641	Type 6 Engine	USFS	Mountain View, WY	Vacant
H-6MW	Type 1 Helicopter	USFS	Mountain Green	Scott, Mike
H-5CH	Type 2 Helicopter	USFS	Mountain Green	Scott, Mike
H-7PJ	Type 3 Helicopter	USFS	Mountain Green	Scott, Mike
H-8PJ	Type 3 Helicopter	USFS	Mountain Green	Scott, Mike
WASATCH FRONT AREA				
E-630	Type 6 Engine	STATE	Salt Lake	Naef, Colton
BEAR RIVER REFUGE				
E-6411	Type 6 Engine	USFWS	Brigham City	Buyers, Andy

WEST DESERT DISTRICT BLM				UINTA-WASATCH -CACHE NATIONAL FOREST			
POSITION	NAME	WORK	CELL	POSITION	NAME	WORK	CELL
FMO	Wallin, Geoff	801-977-4316	801-541-4020	Forest FMO Chief 1	Chadwick, Brook	801-999-2148	801-702-7116
AFMO	Farrell, Bob	801-977-4381	385-215-4945	Deputy Forest FMO Chief 2	Krupski, Mike	801-999-2147	385-228-6763
FOS Vernon	Kutterer, Kevin	801-977-4337	801-554-0288	North Zone FMO DV1	Turner, James	435-755-3627	435-671-2871
FOS Muskrat	Hillman, Nick	801-977-4339	801-641-6425	South Zone FMO DV2	Armantrout, Matt	801-796-4897	801-361-8257
Salt Lake Helitack Supt.	Wilson, Gerg	801-977-4336	801-888-2372	East Zone FMO DV3	Lamping, Robert	435-654-7217	801-556-9249
Salt Lake Helitack Asst.	Blacket, Austin	801-977-4363	801-750-0064	AFMO Spanish Fork BC8	Hill, Mike	801-798-5146	385-223-6361
Unit Aviation Manager	Vacant	801-977-4322	385-315-4771	AFMO Logan & Ogden BC6	Robison, Scott	435-755-3635	435-730-1907
	TVY Helibase	435-882-4429	435-843-5170 fax	AFMO Salt Lake & PG BC1	Siemers, Nate	801-733-2669	385-421-8457
	TVY SEAT Base	435-843-5302	435-843-5170 fax	AFMO EV/MV BC4	Elliott, John		801-230-7877
	Muskrat Fire Station	435-884-3765	435-884-6110 fax	AFMO Weber Basin	Everett, Brandon	385-239-7399	801-476-5993
	Muskrat Line 2	435-884-3558		Wasatch Helibase Mgr	Scott, Mike	801-377-6753	801-368-7585
	Vernon Fire Station	435-839-3456	435-839-3486 fax	Wasatch Helitack Supt.	Turner, Tim	801-625-5112	435-668-5972
Investigation / Fire Info	Vacant	801-977-4385		Wasatch Helitack Supt.	Byers, Mike	801-625-5112	801-510-3433
Air Attack	Trevor Pollock	801-977-4375	435-592-4919	Wasatch Helitack Asst Supt	Yeamans, Luke	801-625-5112	801-631-3835
				Wasatch Helitack Asst. Supt	Soule, Kim	801-625-5112	
				Wasatch Helitack Asst Supt	Edwards, Chris	801-625-5112	435-671-0271
				Wasatch Helitack Asst Supt	Witter, Ryan	801-625-5112	801-556-5607
LONE PEAK CONSERVATION CENTER				Forest Aviation Officer	Rackham, Lee		801-725-6985
Lone Peak Center Mgr.	Ley, Preston		801-573-5798	Air Tanker Base Manager	Young, Ally	801-877-1469	801-884-7772
Lone Peak Ops. Coord.	Nielson, Scott (Acting)		801-879-1843				
Duty Officer	Lone Peak		801-633-2687	COUNTIES OF UTAH			
BEAR RIVER REFUGE				Juab 3A703	Lewis, Chris		435-623-2542
Rocky Basin Zone FMO	Swenson, Tracy	435-734-6449	435-740-0572	Sanpete 3A702	Petersen, Thomas	435-835-2117	435-668-2068
Rocky Basin Zone AFMO	Haberstick, Erik	435-734-6425	435-881-5715	Utah 3A304	Berg, Josh		385-290-0670
UTAH DIVISION OF FORESTRY, FIRE, & STATE LANDS				Box Elder 3A203	Johnson, Brad		435-890-0728
Bear River Area Manager 3A20	Hamp, Blain	435-752-8701	435-881-6979	Rich 3A23	Ames, Dan		801-652-2706
Bear River Area FMO 3A21	Richards, Dustin	435-752-8701	435-890-2071	Tooele 3A303	Walton, Dan	435-833-8123	435-241-0027
Wasatch Fr Area Mgr 3A30	Trick, Brian		801-656-7138	Wasatch 1L505	Morgan, Troy		435-671-8079
Wasatch Fr Area FMO 3A300	Vickers, Dave		801-554-8984	Summit 3A401	Boyer, Bryce		435-640-2075
E630	Naef, Colton			Morgan 3A302	Vacant		385-285-6417
Northeast Area Manager	Eriksson, Mike		435-671-9170	Davis/Salt Lake 3A301	Sanders, Robert		801-618-9400
Northeast Area FMO 3A400	Lafontaine, Ryan		385-375-0552	Cache 3A225	Vacant	435-755-1675	435-535-6434
				Weber 3A261	Cooper, Rick		435-760-2092
Northern Utah Interagency Fire Center							
Business	801-495-7600	Fire Emergency	801-495-7611	Center Manager	Lodge, Sean	801-495-7601	801-556-3575
Fire Center Fax	801-495-7671 (fax)	On-Call Dispatch	801-310-3109	Asst. Center Manager	Vacant	801-495-7602	385-272-0712
Safe Net	888-670-3938	Safe Com	888-4MISHAP	Asst. Center Manager	Eide, Becky	801-495-7603	801-623-8959
				Cache Manager	Ravenberg, Gary	801-495-7604	801-560-8195



NUIFC INITIAL ATTACK FREQUENCY PLAN

The following frequencies are assigned by NUIFC for initial attack fires within the dispatch area. Although 800 MHz systems are being used within the NUIFC area, they are not assigned by NUIFC and will not be used for interagency tactical or command frequencies.

IDENTIFIER	AGENCY	RX	TX	TX Tone
State Fire Marshall	Utah	154.2800	154.2800	N/A
Tac 1	BLM	166.5000	166.5000	N/A
Tac 2	BLM	166.9625	166.9625	N/A
Tac 3	BLM	169.3625	169.3625	N/A
Tac 4	Utah	156.0675	156.0675	N/A
Tac 5	USFS	169.1750	169.1750	N/A
Tac 6	USFS	169.0750	169.0750	N/A
Tac 7	USFS	169.1875	169.1875	N/A
Tac 8	USFS	167.3000	167.3000	N/A
Air-to-Ground 74	NUIFC	154.3100	154.3100	N/A
Air-to-Ground 57	NUIFC	168.7250	168.7250	N/A
Air-to-Ground (Local Flight Following)	NUIFC	168.500	168.500	100.0
Portable Repeater/Relay (SOA 1)	NUIFC	168.7750	164.9125	N/A
Portable Repeater/Relay (SOA 2)	NUIFC	172.1375	166.3125	N/A
Delle	UT-WDD	170.5125	163.0250	136.5
Hansel	UT-WDD	170.5125	163.0250	123.0
Deep Creek	UT-WDD	170.5125	163.0250	167.9
Lynn	UT-WDD	170.5125	163.0250	103.5
Pilot Peak	UT-WDD	170.5125	163.0250	146.2
Black Crook	UT-WDD	173.6750	164.7750	110.9
West Mountain	UT-WDD	173.6750	164.7750	156.7
Francis Peak	UT-WDD	173.6750	164.7750	167.9
Red Spur	UT-WDD	173.6750	164.7750	131.8
Mt. Ogden N1	UT-UWF	169.9500	164.1250	110.9
Little Mtn N1	UT-UWF	169.9500	164.1250	123.0
Red Spur N1	UT-UWF	169.9500	164.1250	131.8
Monte Cristo N1	UT-UWF	169.9500	164.1250	136.5
Logan Peak N1	UT-UWF	169.9500	164.1250	146.2
Beaver Mtn N1	UT-UWF	169.9500	164.1250	156.7
Newton Hill N1	UT-UWF	169.9500	164.1250	167.9
Fairmont Peak N2	UT-UWF	173.7750	164.9375	110.9
Mill Creek Cyn N2	UT-UWF	173.7750	164.9375	123.0
Scotts Peak N2	UT-UWF	173.7750	164.9375	131.8
Shepard Peak N2	UT-UWF	173.7750	164.9375	136.5
China Ridge N2	UT-UWF	173.7750	164.9375	146.2
Poison Mtn N2	UT-UWF	173.7750	164.9375	156.7
Medicine Butte N2	UT-UWF	173.7750	164.9375	167.9
Elizabeth Peak N2	UT-UWF	173.7750	164.9375	103.5
Scotts Peak N3	UT-UWF	172.4000	164.8250	110.9
Humpy Peak N3	UT-UWF	172.4000	164.8250	123.0
Bald Mtn N3	UT-UWF	172.4000	164.8250	131.8
Soapstone N3	UT-UWF	172.4000	164.8250	136.5
Currant Creek N3	UT-UWF	172.4000	164.8250	146.2
Strawberry Ridge N3	UT-UWF	172.4000	164.8250	156.7
Clayton Peak N4	UT-UWF	172.3750	164.8750	110.9
American Fork N4	UT-UWF	172.3750	164.8750	123.0
Lake Mtn N4	UT-UWF	172.3750	164.8750	131.8
Teat Mtn N4	UT-UWF	172.3750	164.8750	136.5
Ford Ridge N4	UT-UWF	172.3750	164.8750	146.2
Horseshoe Flat N4	UT-UWF	172.3750	164.8750	156.7
Vernon N4	UT-UWF	172.3750	164.8750	167.9
VMed 28 Primary		155.340	155.340	Tx 156.7
VMed29 Secondary		155.3475	155.3475	Tx 156.7
UHP Statewide (Air Ambulance Utah)	UT-NWS	155.5050	155.5050	162.2

Incident Commander Checklist

- ☐ Verify all frequencies assigned (if radio coverage is poor on the assigned frequency work with the NUIFC to find a frequency that will work better) and all units responding to the incident.
- ☐ Name the incident (use the closest geographical reference and keep the name short) and obtain an alpha numeric incident code from NUIFC.
- ☐ Flag the route to the incident (red and white striped flagging for BLM). Start from major roads and clearly flag each turn on both sides of road.
- ☐ Designate a briefing and staging area. All resources will check in with the IC and get briefed.
- ☐ Post lookouts, ensure communications work and identify escape routes and safety zones.
- ☐ Coordinate with State/County Fire Wardens to account for all fire department resources. Make contact on State Fire Marshall 154.280 Tx/Rx Narrowband.
- ☐ Complete the Initial Size-up Briefing on the Initial Field Fire Report and relay this information to NUIFC on a command frequency.
- ☐ Complete the Incident Complexity Analysis. Ensure the proper management level is in place or on order.
- ☐ Develop objectives for the incident in coordination with the jurisdictional Duty Officer. Utilize strategies and tactics that are safe and have achievable objectives. All type 3 incidents require a written IAP. Incident objectives should be consistent with the resource objectives outlined in management plans.
- ☐ When the fire is suspected to be human caused; complete the Fire Cause Determination Report and protect the point of origin.
- ☐ Determine the point of origin and relay coordinates to NUIFC to identify ownership. Ensure all GPS coordinates are WGS84 datum, Degrees Decimal Minutes (DD MM.MMM).
- ☐ Establish unified command when appropriate. Ensure NUIFC and all resources on the incident know who the incident commander is at all times.
- ☐ Plan for operational resources needed to control the incident.
- ☐ Order the necessary and appropriate operational resources through NUIFC by 2000 for the next operational period.

Incident Commander Checklist (continued)

- ☐ Ensure current or planned air operations have appropriate air support function. Contact duty officer and/or local Unit Aviation Manager (UAM) or Forest Aviation Officer (FAO) for advice on additional air support.
- ☐ Ensure all contract resources are inspected through NUIFC/Cache prior to obtaining an assignment.
- ☐ NUIFC will coordinate with county dispatch centers for EMS and local law enforcement issues upon request.
- ☐ Complete the Spot Weather Forecast Request and relay the information to NUIFC. Request a spot weather forecast for each operational period that the fire is uncontrolled or if a Red Flag Warning/Fire Weather Watch has been issued.
- ☐ Confirm with NUIFC that the jurisdictional duty officer has been briefed.
- ☐ Notify NUIFC as soon as it looks like the incident will go past 1830 and extended staffing will be needed.
- ☐ An Incident Status Summary (ICS-209) will be submitted to NUIFC by 1600 for all active fires reaching the 100(timber)/300(grass/brush) criteria OR if the fire is not going to be suppressed but managed for long duration. Long duration is more than 72 hours. Submit a final 209 when the fire is contained or controlled AND national resources are no longer being ordered by the incident OR the fire is declared out.
- ☐ Order logistical resources needed to support the incident through NUIFC.
- ☐ Facilitate incident AARs after each operation period. Document a final incident AAR (in the Incident Organizer page 19 after the fire is controlled).
- ☐ Any resources not able to arrive at their home unit by 2200 after completing a shift on a fire, may need to RON at the incident or within close proximity. Notification will be made to the duty officer of this instance. Local cooperators may be exempt with duty officer approval.
- ☐ Complete all appropriate crew time reports (CTR), shift tickets and evaluations for all off unit resources prior to their demobilization.
- ☐ Keep NUIFC informed on changes in conditions/personnel.
- ☐ Release resources accounting for driving limits and work/rest issues. Coordinate demobilization with jurisdictional duty officer for in demand resources.
- ☐ Complete the Final Fire Report Data form in the Incident Organizer when the incident is declared out.

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report					
FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.					
FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.					
Use the following items to communicate situation to communications/dispatch.					
1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report) <i>Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."</i>					
2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure. <i>Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."</i>					
Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2^o – 3^o burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2^o – 3^o burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>				
Nature of Injury or Illness & Mechanism of Injury			Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)		
Transport Request			Air Ambulance / Short Haul/Hoist Ground Ambulance / Other		
Patient Location			Descriptive Location & Lat. / Long. (WGS84)		
Incident Name			Geographic Name + "Medical" (Ex: Trout Meadow Medical)		
On-Scene Incident Commander			Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)		
Patient Care			Name of Care Provider (Ex: EMT Smith)		
3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)					
Patient Assessment: See IRPG page 106					
Treatment:					
4. TRANSPORT PLAN:					
Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:					
Helispot / Extraction Site Size and Hazards:					
5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:					
Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication					
6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable					
Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					
7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.					
8. ADDITIONAL INFORMATION: Updates/Changes, etc.					
REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.					

UNIT LOG (continued)

[illegible]